

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90045 011 \*\*\*\*55.00

30003637



02172006 Chg-LLC CR2E083 (11/05)

**DOCUMENT # L05000047848**

1. Entity Name  
**MFCS INVESTORS LLC**



Principal Place of Business  
**1717 SOUTH ORANGE AVENUE, SUITE 105  
ORLANDO, FL 32806**

Mailing Address  
**1717 SOUTH ORANGE AVENUE, SUITE 105  
ORLANDO, FL 32806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-2847022**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EINHORN, ARNOLD M  
1717 SOUTH ORANGE AVENUE, SUITE 105  
ORLANDO, FL 32806**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MGRM  
Arnold Einhorn, M.D.  
1717 South Orange Avenue, suite 105  
Orlando, FL 32806**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2-21-2006 407-351-5384**



ATTACHMENT  
30003637

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2006

MFCS INVESTORS LLC  
1717 SOUTH ORANGE AVENUE, SUITE 105  
ORLANDO, FL 32806

Subject: MFCS INVESTORS LLC

Reference Number: L05000047848

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

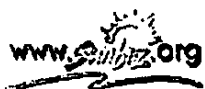
List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION



ATTACHMENT  
Division of Corporations  
30003637  
2006 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	L05000047848
Business Entity Name	MFCS INVESTORS LLC
Original File Date	05/13/2005

FEI Number

Principal Address 1717 SOUTH ORANGE AVENUE, SUITE 105  
ORLANDO, FL 32806

Mailing Address 1717 SOUTH ORANGE AVENUE, SUITE 105  
ORLANDO, FL 32806

Registered Agent ARNOLD M EINHORN  
1717 SOUTH ORANGE AVENUE, SUITE 105  
ORLANDO, FL 32806

Managing Member/Manager Name And Address

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